FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 669320

(4)

MID-FLA. AIR SYSTEMS, INC.

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FILED May 01 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address				s sonice dicite aires inean crise isers dots diffit niet diet Actif Actif Albit (80)			
1919 SYCAMORE DRIVE ORLANDO FL 32803		1919 SYCAMORE DRIVE ORLANDO FL 32803			DO NOT WRITE IN THIS SPACE					
								SPACE		
						3. Date Incorporated or Qualific	ed			
9 Principal D	Place of Business	Do Mailes Address				05/07/1980		- 1 1 2		
	lace of Business	2a. Mailing Address				4. FEI Number Applied For				
Suite, Apt.	# ole	26			59-1995113 Not Applica					
22	w, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional		
City & State	0	City & State							equired	
23	o					6. Election Campaign Financing			May Be	
Zip	Country	28	T 000	untry		Trust Fund Contribution			to Fees	
24		} 1	<u> </u>	Jinay		8. This corporation owes or has				
29	9. Name and Address of Curre	29 Pegistered Agent	30	1		Personal Property Tax due J 10. Name and Address of New			No	
140		Transfer of Agent		81	Name	10. Haile and Address of New	nagistered	Mant		
MCCONNELL III, FRANK G.				"	Name					
	9 SYCAMORE DRIVE			82 Street		Iress (P.O. Box Number is Not Accep	otable)			
OR	LANDO FL 32803									
				83						
				84	City			85 Zip	Code	
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the a	bove	named corp	poration submits this statement for the	F Durpose o	of changing i	ts registered	
office or re agent. La	egistered agent, or both, in the Stat m familiar with, and accept the obli	to of Florida. Such change was gations of, Section 607,0505, F	authorize Iorida Sta	d by tutes.	the corpora	poration submits this statement for the tion's board of directors. I hereby ac	cept the ap	oointment as	registered	
SIGNATURE	Signature, typed or printed name of registerint a	Oerol Arust tille ill Brooks abite (NC	TF Ronistero	d Agen	t signature requi	ired when reinstaling)	DATE			
12.		ND DIRECTORS	13.		- organization resignation	ADDITIONS/CHANGES TO OF		D DIRECTOR	S IN 12	
TITLE	PD			ITLE			11021107111	Change	Addition	
NAME	MCCONNELL, FRANK G III		1.2 N							
STREET ADDRESS	1919 SYCAMORE DR				DDRESS					
CITY-ST-ZIP	ORLANDO, FL 00000			ITY-ST	1					
TITLE		DELETE 2.1			· Z//			Change	Addition	
NAME			2.2 N					onango		
STREET ADDRESS					DORESS					
CITY-ST-ZIP										
TITLE		DELETE	2. 4 CITY-ST-ZIF DELETE 3.1 TITLE		ZIP			Change	Addition	
NAME	DELETE			3.1 HILE 3.2 NAME					LJ AUGIRON	
· -					1				1	
STREET ADDRESS					DORESS				ŀ	
CITY-ST-ZIP		DC1574		TY-ST	- ZIP			11.		
TITLE		DELETE	4.1 TI					☐ Change	Addition	
NAME			4. 2 N		-				l	
STREET ADDRESS					ODRESS	•			l	
CITY-ST-ZIP				4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TI	5.1 TITLE				Change	Addition	
NAME			5.2 N/	AME						
STREET ADDRESS			5.3 \$1	IREET A	DDRESS					
CITY-ST-ZIP		<u> </u>	5.4 CI	TY-ST-	ZIP					
TITLE		DELETE	6.1 T	TLE				Change	☐ Addition	
NAME			6.2 N	AME						
STREET ADDRESS			6.3 \$1	REET A	DORESS					
CITY-ST-ZIP				TV-ST-	1					

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Franch 25 TARO Commelle

4-27-98 (400) CUN-7722

P2E034 (10/97)